

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						61						
2		1					62						
3		1					63						
4		1					64						
5		1					65						
6		1					66						
7	1	0					67						
8	1	0					68						
9		1					69						
10		1					70						
11		3					71						
12							72						
13							73						
14							74						
15		4					75						
16		4					76						
17							77						
18	1	0					78						
19	1	0					79						
20		1					80						
21	0	1					81						
22							82						
23	0	1					83						
24		1					84						
25		1					85						
26							86						
27							87						
28							88						
29							89						
30							90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	23						TOTAL DEP.						
TOTAL CLAIMS	27						TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

08/945425

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1		1		51					
2		1		1		1	52					
3		1		1		1	53					
4		1		1		1	54					
5		1		1		1	55					
6		1		1		1	56					
7	1		1		1		57					
8		1		1		1	58					
9		1		1		1	59					
10		1		1		1	60					
11		4		4		4	61					
12		4		4		4	62					
13		4		4		4	63					
14		4		4		5	64					
15		4		4		5	65					
16		4		4		5	66					
17	1						67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3		3		4		TOTAL IND.					
TOTAL DEP.		29		14		44	TOTAL DEP.					
TOTAL CLAIMS	33		26		44		TOTAL CLAIMS					